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CONFIRMATION NO. 3759

<b>SERIAL NUMBER</b> 10/664,132	<b>FILING OR 371(c) DATE</b> 09/17/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> S63.2-10990
<b>APPLICANTS</b> Tracee Eidenschink, Wayzata, ME;				
** CONTINUING DATA ***** none <i>SS</i>				
** FOREIGN APPLICATIONS ***** none <i>SS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 12/11/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>SS</i> Examiner's Signature / Initials		<b>STATE OR COUNTRY</b> ME	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 16
			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> 490				
<b>TITLE</b> Catheter with sheathed hypotube				
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	